

2013 Benefit Matters



City of San Antonio Employee Benefits Guide

Civilian

Activate Your Benefits



INSIDE this EDITION

2013
Premiums

New Consumer
Choice Health Plan

New
Dental Plan

How to Activate
Your Benefits

Open Enrollment: October 15 - November 14

Quick Look: WHAT'S NEW?

• The City has changed dental care providers from MetLife to Delta Dental. You must enroll in this benefit online during open enrollment to continue your dental care in 2013.

See page 8 for details.

• Self-report your tobacco status during open enrollment. Non-tobacco users will avoid a \$40 monthly fee by remaining tobacco-free.

More information provided on page 12.

• Attend an Open Enrollment Fair and earn a \$100 contribution for your Health Savings/Flexible Spending Account in January 2013.

Learn how on page 16.

CONSUMER CHOICE

A fourth PPO health plan option, Consumer Choice, is being offered in 2013. Consumer Choice is a Consumer - Driven Health Plan (CDHP), which means:

- Premiums are lower than the other health plan options;
- Once you reach your deductible, you pay 20% and the City pays 80% for all covered health care expenses received from an in-network provider;
- You can save for future health care expenses by enrolling in a Health Savings Account (HSA). The City will contribute \$500 for an individual and \$1,000 for a family to your account;
- You continue to have the freedom to select your providers from a nation wide network;
- Preventive care is covered at 100%; and
- IRS-approved maintenance medications, such as those used to manage or control high blood pressure, diabetes, and osteoporosis are not subject to the deductible. Therefore, you will only pay 20% of their cost.

Additional details about the Consumer Choice Health plan and Health Savings Account are on pages 5 and 6.

Table of Contents

Your 2013 Benefits	2
Premiums and Tax Implications	3
Health Plans At-A-Glance	4
New! Consumer Choice Health Plan	5
Health Savings Accounts	6
Prescription Drug Plan	7
Dental Plans	8
Vision Plan	9
Flexible Spending Accounts	10
Selecting Your Health Care Plan	11
Tobacco Cessation	12
Employee Wellness	13
Life Insurance and Disability	14
Eligibility/Dependent Eligibility	15
How to Enroll and Open Enrollment Fairs	16
Glossary of Common Health Care Terms	17
Health Benefit Notices	18

Contacts

Organization	Phone	Website/Email
Human Resources Customer Service	(210) 207-8705	sanantonio.gov/hr hrcustomerservice@sanantonio.gov
CitiDent PPO (Dental Plan)	(800) 521-2651	deltadentalins.com
DeltaCare DHMO (Dental Plan)	(800) 422-4234	deltadentalins.com
City Employee Health + Wellness Center	(210) 921-COSA (2672)	N / A
Davis Vision (Vision Provider)	(800) 448-9372	davisvision.com
Dearborn National Life Insurance	(800) 778-2281	dearbornnational.com
Deer Oaks (Employee Assistance Program)	(210) 615-8880	deeroaks.com
Flexible Spending Account (FSA) Customer Service	(866) 755-2648	myuhc.com
Health Savings Account (HSA) Customer Service	(800) 791-9361	myuhc.com
ICMA Retirement Corporation (Deferred Compensation Provider)	(800) 735-7202	icmarc.org
Nationwide Retirement Solutions (Deferred Compensation Provider)	(877) 677-3678	nrsforu.com
Texas Municipal Retirement System (TMRS)	(800) 924-8677	tmrs.com
UnitedHealthcare (Health Plan & Pharmacy Provider)	(800) 996-2078	myuhc.com

Your 2013 Benefits

As a City employee, your total compensation package is more than just the salary you take home every other week. It is made up of several components including your health care and leave benefits. This guide provides you with an overview of your 2013 health care benefits. If you have questions about the information in this guide, contact Human Resources Customer Service at 207-8705 or your department's Human Resources Generalist or Specialist. Detailed instructions on how to activate your health care benefits for 2013 during Open Enrollment, October 15 - November 14, can be found on page 16.

NEW FOR 2013

In addition to the Value, Standard, and Premier PPO health plans, a fourth PPO plan, Consumer Choice, a Consumer-Driven Health Plan, is now available. With this plan, you will be automatically enrolled in a Health Savings Account. A health plan comparison chart is available on page 4. The City also has a new dental provider, Delta Dental.

The 2013 prescription drug plan includes an Automatic Generics Program which automatically provides you with the generic equivalent to your prescription medication, when available. A fourth tier for specialty medications has also been added. Detailed prescription drug information is available on page 7.

Non-tobacco users can avoid a \$40 monthly fee by remaining tobacco-free. You will be asked to self-report your tobacco use status during open enrollment. The City's Tobacco Cessation Program is available to employees and their spouses/domestic partners, and you can find more information about the program on page 12.

Benefit	Your Options
Medical	<ul style="list-style-type: none"> • Consumer Choice (CDHP) PPO • Value PPO • Standard PPO • Premier PPO All plans administered by UnitedHealthcare.
Dental	<ul style="list-style-type: none"> • CitiDent PPO • DeltaCare DHMO Both plans administered by Delta Dental.
Vision	Vision plan administered by Davis Vision.
Basic Life, Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none"> • You are automatically provided with Basic Life Insurance and Accidental Death & Dismemberment Insurance equal to one (1) time your salary. • You can purchase Supplemental Life Insurance for yourself. • You can purchase Dependent Life Insurance for your dependents. Insurance provided through Dearborn National Life Insurance.
Day Care Flexible Spending Account (Day Care FSA)	• You can contribute to the Day Care FSA before taxes to pay for eligible out-of-pocket day care expenses.
Flexible Spending Account (Health Care FSA)	• You can contribute to the Health Care FSA before taxes to pay for eligible out-of-pocket health care expenses. The funds are use or lose, and whatever is not spent by the end of the year will be forfeited.
Health Savings Account (HSA)	• With enrollment in the Consumer Choice health plan, you can contribute to an HSA with pre-tax dollars to pay for eligible health care expenses. This account earns interest, you own it, and what is not used rolls over to the next year.

FY 2012 - 2013 Holiday Schedule	
Holiday	Date
Veteran's Day	November 12, 2012
Thanksgiving Day	November 22, 2012
Day After Thanksgiving	November 23, 2012
Christmas Eve	December 24, 2012
Christmas Day	December 25, 2012
Winter Holiday	December 26, 2012
Winter Holiday	December 27, 2012
*City Closure (Employee Leave)	December 28, 2012
*City Closure (Employee Leave)	December 31, 2012
New Year's Day	January 1, 2013
Martin Luther King, Jr. Day	January 21, 2013
Fiesta San Jacinto	April 26, 2013
Memorial Day	May 27, 2013
Independence Day	July 4, 2013
Labor Day	September 2, 2013

*Not an official City holiday. Employees may choose to use Personal Leave, Annual Leave, Comp Time, any other accrued leave, or Voluntary Leave Without Pay to cover these two days.

Personal and Annual Leave

Full-time civilian employees can accrue and take leave for vacation, holidays, illness, or to attend to personal matters.

•Personal Leave accrues on a quarterly basis and must be used by the end of the calendar year.

•Annual Leave accrues on a monthly basis on an employee's anniversary date following the first six (6) months of employment. Unused Annual Leave may be carried over to the next calendar year up to a maximum of 400 hours.

Bi-Weekly Health Plan

Health Plan	Hired Before 01/01/09		Hired After 01/01/09	
Consumer Choice				
	City	Employee	City	Employee
Employee Only	\$81.97	\$2.50	\$81.47	\$3
Employee + Child(ren)	\$135.03	\$4.50	\$118.53	\$21
Employee + Spouse / Domestic Partner	\$140.10	\$18	\$110.10	\$48
Employee + Family	\$190.16	\$23	\$150.66	\$62.50
Value PPO				
Employee Only	\$100.16	\$3.50	\$97.66	\$6
Employee + Child(ren)	\$162.23	\$9	\$129.73	\$41.50
Employee + Spouse / Domestic Partner	\$158.01	\$36	\$98.01	\$96
Employee + Family	\$215.57	\$46	\$136.57	\$125
Standard PPO				
Employee Only	\$186.08	\$19	\$165.58	\$39.50
Employee + Child(ren)	\$289.60	\$50	\$240.10	\$99.50
Employee + Spouse / Domestic Partner	\$299.46	\$85.50	\$219.46	\$165.50
Employee + Family	\$402.98	\$116.50	\$294.98	\$224.50
Premier PPO				
Employee Only	\$307.09	\$100	\$274.09	\$133
Employee + Child(ren)	\$488.49	\$195	\$415.49	\$268
Employee + Spouse / Domestic Partner	\$511.67	\$265	\$420.67	\$356
Employee + Family	\$692.55	\$360.50	\$563.05	\$490

Bi-Weekly Vision Plan

Vision Plan	Premium
Employee Only	\$3.92
Employee + Child(ren)	\$7.01
Employee + Spouse / Domestic Partner	\$7.01
Employee + Family	\$10.38

Bi-Weekly Dental Plan

Dental Plan	CitiDent PPO	DeltaCare DHMO	
	Employee	City	Employee
Employee Only	\$14	\$1.47	\$5.36
Employee + Child(ren)	\$21	\$2.74	\$9.99
Employee + Spouse / Domestic Partner	\$21	\$2.74	\$9.99
Employee + Family	\$31.50	\$4.11	\$14.99

Domestic Partner Tax Implications

When you enroll your domestic partner or your partner's child in one of the City's health plans, the IRS considers the City's contribution toward the additional coverage as income for federal tax purposes. This income is the amount the City contributes toward the cost of additional coverage for your domestic partner and/or your partner's child. Any increase in your bi-weekly payroll deduction amount to cover your domestic partner and/or your partner's child is also taxable.

The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet, which can be found on the COSAweb or at sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp.

This monthly income must be added to your gross taxable income per IRS Code. Below is a simplified example of how this income is calculated. The City understands that this is a complex issue. Please consult your personal tax advisor for assistance.

If the City contributes this amount towards your total bi-weekly medical premium for Employee + Family (Domestic Partner and Domestic Partner child), and	If the City contributes this amount towards your total bi-weekly medical premium for Employee Only, then	The difference is the amount of bi-weekly income you would be taxed on. In this case, you would be taxed on the \$600 difference each pay period.
\$1,000 (City contribution)	\$400 (City contribution)	\$600 = (\$1,000 - \$400)

Notes

Health Plans At-A-Glance

Here is a side-by-side comparison of the four health plan options available to you in 2013. As you can see in the chart below, the coverage is the same for all four plans; however, the amount you pay out-of-pocket varies from plan to plan.

Plan Benefit	Consumer Choice (CDHP) PPO		Value PPO		Standard PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$900 / \$1,800	\$1,800 / \$3,600	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,000	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum (Individual / Family) Excludes Deductible	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,400 / \$4,800	\$4,800 / \$9,600	\$1,200 / \$2,400	\$2,400 / \$4,800
Co-insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
Office Visit: Primary Care / Specialist / Urgent Care	20% after deductible	40% after deductible	\$25 / \$35 / \$40	40% after deductible	\$25 / \$35 / \$40	40% after deductible	\$25 / \$35 / \$40	40% after deductible
Emergency Care and Ambulance Services	20% after deductible						10% after deductible	
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Chiropractic Care (\$500 Maximum Annual Benefit)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Preventive Screenings*	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible

*Required by the Patient Protection and Affordable Care Act or "health care reform law." A list of covered services can be found at healthcare.gov/law/about/provisions/services/lists.html.

New! Consumer Choice: A Consumer-Driven Health Plan

A new health plan has been added for 2013, Consumer Choice. Consumer Choice, a Consumer-Driven Health Plan (CDHP), has many of the same features and benefits as the Value, Standard, and Premier health plans that you are already familiar with, including co-insurance, deductibles, in-network preventive screenings covered at 100%, and the freedom to select your health care providers from a nationwide network without prior authorization from a primary care physician.

Designed to help you achieve and be rewarded for taking a more active role in your health care, Consumer Choice puts you in the driver's seat when it comes to your health care decisions.

What is a CDHP and How Does it Work?

A CDHP, like Consumer Choice, is a type of health plan that allows you to have more control over how your health care dollars are spent, thus encouraging you to be a more informed and involved health care consumer. Two key elements of a CDHP are:

- 1) The minimum annual deductible that is set by the IRS each year, \$1,250 (individual) / \$2,500 (family) for 2013 and a
- 2) Health Savings Account (HSA)—a medical account—that allows you to pay for qualified routine health care out-of-pocket expenses or save for future health care expenses with money that is yours to keep whether you stay with the City or not.

Consumer Choice is a little different from the Value, Standard, and Premier health plans, in that:

- You do not pay co-pays for health care expenses, such as x-rays, prescription medications, or visits to the doctor.
- You are responsible for 100% of the cost of your health care services until you meet your deductible.
- After you reach your deductible, co-insurance applies and you only pay 20% (the City pays 80%) of the cost of covered health care services up to your out-of-pocket maximum, \$4,000 (individual) / \$8,000 (family).
- Once you reach your out-of-pocket maximum, the health plan will cover 100% of the cost of your covered health care expenses, if you stay in the network. Whether you have met your deductible or not, it is in your best interest to utilize in-network providers, because the network discounts will apply to your claims and cost you less out of pocket.

Family Deductible

If you and your family are enrolled in the Consumer Choice health plan, the family deductible, \$2,500, must be reached before co-insurance will apply. Unlike the Value, Standard, and Premier plans, the family deductible can be met by one or more individuals. This means only one person has to meet the \$2,500 family deductible to trigger co-insurance for the other family members.

This is different from the Value, Standard, and Premier plans, because a family would need at least two people to meet the individual deductible in order to meet the family deductible. So, for example, two family members would need to reach \$900 each in health care expenses in order to meet the \$1,800 family deductible under the Value plan. Whereas, an individual could meet the family deductible for his entire family by himself if he and his dependents were enrolled in the Consumer Choice plan.

Prescription Drug Coverage

As mentioned above, co-pays do not exist for the Consumer Choice plan. This applies to the cost of prescription medications, too. You pay the full cost of the medications until you meet your deductible.

For IRS-approved maintenance medications, such as those used to manage or control high blood pressure, diabetes, osteoporosis, and cholesterol, you only pay 20% of their cost since they are not subject to the deductible. For a complete list of IRS-approved maintenance drugs, visit sanantonio.gov/hr/employee_information/benefits/forms.asp. Detailed prescription drug information is provided on page 7.

More Information

Still have questions about the new Consumer Choice plan? The Human Resources Department has tools and representatives just waiting to answer your questions. During open enrollment, additional information regarding the Consumer Choice plan will be available during your department's open enrollment meetings. You can also attend one of the information sessions that will be held all-day at each open enrollment fair or view the Consumer Choice video in the City's benefits information video library located on the Human Resources website and COSAweb, and, as always, you can contact Human Resources Customer Service at 207-8705.

Notes

Health Savings Accounts



If you enroll in the Consumer Choice plan, you will automatically be enrolled in a Health Savings Account to pay for current health care expenses and save for your future health care needs. The Health Savings Account can be used to pay for eligible medical, dental, and vision health care expenses. To help get you started, the City will contribute \$500 for an individual and \$1,000 for a family to your Health Savings Account. In addition, YOU, not the City, own this account, so all the funds in the account belong to YOU.

The ABCs of Your City-Funded Health Savings Account

A Health Savings Account (HSA) is a bank account that is owned and managed by the account holder-YOU. The funds in the account are to be used for the sole purpose of paying for the cost of current qualified health care expenses and saving for future eligible health care (medical, dental, and vision) expenses. Like your personal checking or savings account, your HSA is held at a bank, OptumHealth Bank. OptumHealth Bank is a partner of UnitedHealthcare, and they focus solely on health care banking. With the HSA, you will be issued a Consumer Accounts Card from UnitedHealthcare, similar to the one issued with the Health Care Flexible Spending Account.

The City will make an initial deposit of \$500 for an individual and \$1,000 for a family into your HSA, to help you get started. The deposit from the City, plus any additional funds you choose to contribute to your HSA through bi-weekly payroll deductions, and contributions earned through participating in the 2013 Employee Wellness Program can all be used to pay for your family's and your health-related expenses, up to \$3,250 (for 2013) for an individual and \$6,450 (for 2013) for a family. HSA contributions are scheduled to post to your account two business days after the end of the month in which the contributions are received.

Unlike a Flexible Spending Account, you own the funds in an HSA, including interest. Therefore, whatever you do not use throughout the year automatically rolls over to the next year AND you can take it with you when you leave the City. You can also change the amount you contribute through bi-weekly payroll deductions as often as you like. If you have an HSA, you cannot have a Health Care Flexible Spending Account.

HSA Eligibility

You are eligible to open and contribute to an HSA if you:

- Are enrolled in the Consumer Choice plan
- Are not covered by any other ineligible plan (plan that is not a Consumer-Driven Health Plan)
- Are not entitled to Medicare, TRICARE, or TRICARE for Life health plans
- Are not claimed as a dependent on someone else's federal tax return
- Are not covered by a Health Care FSA (also applies to your spouse)

Health Care Savings Accounts—A Triple Tax Advantage

In addition to providing you with a way of paying for your current qualified health care expenses and saving for your future health care needs, an HSA provides you with a triple tax advantage. The funds in an HSA: 1) are not taxable when they are deposited, 2) accrue interest tax-free, and 3) are not taxable when being withdrawn to cover eligible medical expenses.

YOU, not the City, are responsible for maintaining records (receipts, explanation of benefits, etc.) of how you spent the funds in your HSA to provide to the IRS in the event of an IRS audit.

Eligible and Ineligible HSA Expenses

As discussed above, the purpose of an HSA is to pay for current or save for future qualified health care expenses for you and your family. Below are a few of the expenses that are considered eligible and ineligible with an HSA.

Eligible HSA expenses for you and your family include:

- Medical, dental, and vision care and services
- Deductibles and co-insurance
- Prescription medications

Ineligible HSA expenses for you and your family include:

- Insurance premiums
- Non-health care expenses
- Over-the-counter medications without a prescription

Prescription Drug Plan



When considering your health plan options, it is important to consider your family's use of prescription drugs. The City's prescription drug benefit, administered by UnitedHealthcare, provides you with access to a wide variety of drugs while helping to make the medications you need more affordable. You also have access to more than 60,000 in-network pharmacies to fill your next prescription.

In the 2013 prescription drug plan, a fourth tier has been added for specialty medications and several popular tobacco cessation prescription medications are now covered by the plan. See page 12 for more information about the tobacco cessation medications.

Automatic Generics Program Prescription Drugs

New for 2013, the City's Automatic Generics Program automatically provides you with a generic equivalent to your prescription medication, when one is available. You do not even have to ask for it. Generic prescription drugs, which are mostly found in Tier 1, contain the same active ingredients as brand name drugs, typically found in Tiers 2 and 3.

You still have the option of purchasing brand name medications; however, you will pay the difference between the generic and brand name drug and the applicable co-pay for the brand name drug. If your doctor recommends that you only take brand name medications, make sure your prescriptions indicate "dispense as written." You will only pay the applicable co-pay for the brand name medication.

Value-Based Co-pay

It is important for employees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. In support of those employees and dependents with diabetes, the City's Value-Based Co-pay plan continues in 2013. The plan offers prescription drugs related to diabetes at reduced amounts. For Tier 1 generic diabetes prescription drugs, co-pays have been eliminated, and the co-pays for Tiers 2 and 3 are reduced.

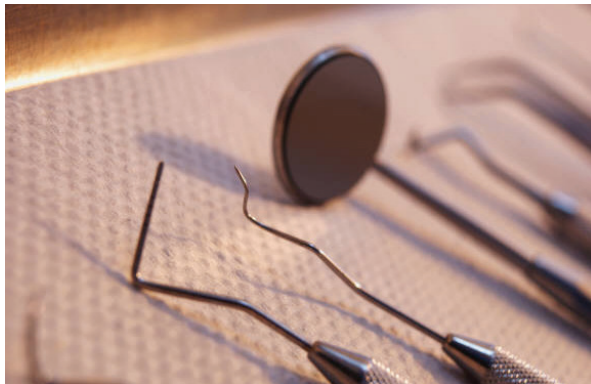
90-day Mail Order Prescriptions

Purchasing a 90-day mail order supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day mail order supply typically costs less than buying a 30-day supply three (3) times. In addition to saving money, it is convenient to have your medications delivered to you at home. This is the best way to ensure your medication is available when you need it. To begin receiving a 90-day mail order supply of your maintenance medications, visit myuhc.com.

2013 Prescription Drug Plan		
Value, Standard, and Premier PPO Co-pays		Value-Based Co-pays (Diabetes Prescription Drugs)
30-day Retail		
Tier 1 (generics)	\$7	\$0
Tier 2 (preferred brand formulary)	\$25	\$10
Tier 3 (non-preferred brand)	\$50	\$20
Tier 4 (specialty)	\$75	N/A
90-day Mail Order		
Tier 1 (generics)	\$14	\$0
Tier 2 (preferred brand formulary)	\$50	\$20
Tier 3 (non-preferred brand)	\$100	\$40
Tier 4 (specialty)	\$150	N/A

Remember, Consumer Choice does not have co-pays. You are responsible for 100% of the cost of your medication until you reach your deductible. For IRS-approved maintenance medications you only pay 20% of the cost since these medications are not subject to the deductible. A complete list of these medications can be found at sanantonio.gov/hr/employee_information/benefits/forms.asp.

Dental Plans



Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes.

Through the dental benefits plans administered by Delta Dental, you and your dependents have access to a network of dental providers. To locate a provider near you, visit deltadentalins.com. Remember, you must enroll in this benefit during open enrollment to have dental coverage in 2013.

For your viewing pleasure, a video about the dental plan benefit is available in the City's benefit information video library located on the Human Resources website and COSAweb.

CitiDent PPO

The CitiDent PPO is a dental PPO plan that allows you to obtain preventive, basic, major, and orthodontic care from the dentist of your choice. Obtaining services from an in-network provider will lower your out-of-pocket costs.

Coverage Type	In-Network	Out-of-Network
Type A - Preventive Care (Cleanings and Oral Exams)	Covered at 100%*	Covered at 100%**
Type B - Basic Care (Fillings, Simple Extractions, and Periodontics)	Covered at 80%*	Covered at 80%**
Type C - Major Care (Bridges, Dentures, and TMJ)	Covered at 50%*	Covered at 50%**
Type D - Orthodontia	Covered at 50%*	Covered at 50%**
Deductible† (Individual / Family)	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit (Per Person)	\$1,200	\$1,200
Lifetime Orthodontia Maximum (Per Child)	\$1,500	\$1,500
Lifetime TMJ Maximum (Per Person)	\$500	\$500

*Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental's maximum contract allowances and not necessarily each dentist's submitted fees.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and the 90th percentile for non-Delta dentists.

†Applies only to Types B & C and TMJ services.

DeltaCare Dental HMO

The DeltaCare Dental HMO is a dental plan that provides comprehensive dental care when services are obtained from an in-network primary dentist. During open enrollment, select a dentist within a 35-mile radius of your zip code from the DeltaCare network to serve as your primary dentist.

With this plan, you are only responsible for the co-pays for any covered services you receive from your selected dentist. There are no deductibles, yearly maximums, or paperwork claims to file. Examples of common services and co-pays are listed below.

Description	Procedure Code	Co-pay
Office Visit	D0999	\$5
Oral Exam, X-rays, and Fluoride Treatment	N/A	No Cost
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Cost
Periodontal Scaling and Root Planning, Per Quadrant	D4341	\$40
Amalgam Fillings for One Surface, Anterior	D2140	\$5
Surgical Extraction and Erupted Tooth	D7210	\$45
Root Canal-Molar (Excluding Final Restoration)	N/A	\$280
Crown	D2750	\$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	\$1,700 / \$1,900

Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life.

Through Davis Vision, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contact lenses are available to you at only the cost of applicable co-pays. For vision plan details, visit sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp or watch the vision video in the City's benefits information video library.

Contact Lens Benefits

Contact lenses selected from Davis Vision's Contact Lens Collection are covered in full.

Frame Benefits

Several designer and brand name frames are available to you at only the cost of applicable co-pays, through Davis Vision's Frame Collection. As an added benefit, there is a one-year eyeglass breakage warranty included on plan eyewear at no additional cost.

Davis Vision Collection

To maximize your vision plan benefit, consider purchasing frames or contact lenses from the Davis Vision Collection. The Collection is available at most participating independent provider locations. Independent providers do not include retail stores such as Visionworks or Walmart. To locate a participating independent provider near you, visit davisvision.com.

Additional Vision Benefits

Davis Vision offers a 25% discount off of a provider's Usual and Customary fees, or 5% off any advertised specials, whichever is lower, for laser vision correction surgery.

The Eye Health Connection Program, offered by Davis Vision, provides enhanced services and benefits to those with cataracts, diabetes, macular degeneration, and glaucoma. If you have one of these conditions, you are eligible to receive an additional eye exam during the calendar year. You can even sign up to receive educational emails at davisvision.com.

In-Network Benefit Summary

Comprehensive Eye Exam - \$10 co-pay, one exam per year	
Frames (in lieu of contacts)	Contact Lenses (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance ³ .	Any contact lenses from Davis Vision's Contact Lens Collection ¹ .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$175).	\$150 retail allowance toward Non Collection contact lenses, plus 15% off balance ² .
One year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow-Up Care: Once per calendar year beginning January 1. Collection contact lenses covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if Non Collection contact lenses ² .
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

Additional Discounted Lens Options and Coatings		
Most Popular Options	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 ² - \$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions ³)	\$123	\$90

¹Davis Vision Collection is not available at retail providers. It is only available at participating independent provider locations.

²For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

³Additional discounts not applicable at Walmart or Sam's Club locations.

Out-of-Network Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found online at sanantonio.gov/hr/employee_information/benefits/forms.asp.

Flexible Spending Accounts

You can open a Flexible Spending Account (FSA) to help cover the cost of eligible health care and day care expenses. Each paycheck you set aside some of your pay, before taxes, to use for eligible expenses.

- New for 2013, the annual contribution limit is now \$2,500 for a health care FSA. You can still contribute up to \$5,000 to a day care FSA.
- Only eligible expenses incurred between January 1 and December 31, 2013 may be reimbursed from your FSA. All claims for reimbursement must be filed by March 2014. Any remaining money will be lost.

Health Care FSA

A Health Care FSA reimburses you for out-of-pocket medical expenses incurred by you or your IRS Tax Dependents, whether or not your dependent is covered by the City's health plans. If you have an HSA, you cannot have a Health Care FSA.

Eligible Health Care FSA expenses include:

- Co-pays and deductibles
- Vision and dental care expenses
- Over-the-counter drugs with a prescription

Ineligible Health Care FSA expenses include:

- Insurance premiums
- Vision warranties and service contracts
- Teeth whitening

Day Care FSA

You can use the Day Care FSA to pay for eligible day care expenses related to the care of or services provided to children under the age of 13, or tax dependents who are mentally or physically incapable of caring for themselves. Day care claims are submitted using an FSA claim paper form.

Eligible Day Care FSA expenses include:

- Babysitter
- Day camp
- Child care center
- Adult care center

Ineligible Day Care FSA expenses include:

- Expenses you claim under the Federal Dependent Care Tax Credit
- Health care expenses you pay for your dependents
- Clothing for your dependents
- Transportation to and from a care provider

How it Works

1. Estimate your expenses for the year and decide how much money to set aside.

2. Enroll in the FSA when you enroll in your benefits.

3. The total amount will be divided by 24, and that amount will be deducted from each bi-weekly paycheck.

4. When you have expenses, you can use the money in your FSA to reimburse yourself. Your Health Care FSA comes with a Consumer Accounts Card from UnitedHealthcare. For dependent care reimbursement, complete the Dependent Care Claim Form at sanantonio.gov/hr/employee_information/benefits/forms.asp.

To learn more about the FSA benefit, checkout the FSA video in the City's benefit information video library.

FSA Savings Example		
With FSA		Without FSA
\$31,000	Annual Gross Income	\$31,000
-\$2,500	FSA Deposit for Expenses	-\$0
\$28,500	Taxable Gross Income	\$31,000
-\$6,455	Taxes	-\$7,021
\$22,045	Annual Net Income	\$23,979
-\$0	Cost of Expenses	-\$2,500
\$22,045	Spendable Income	\$21,479

By using an FSA to pay for anticipated expenses, you can convert the money you save in taxes to additional spendable income. The example above reflects a potential annual savings of \$566.

*Example based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.

Selecting Your Health Care Plan



Making health care decisions for you and your family can be difficult, and selecting the best health care plan is no exception. When considering your health care options, there are several factors to keep in mind including:

- Your family's and your health care needs for the upcoming year. Do you have any surgeries scheduled?
- The amount you pay out-of-pocket for health care. Do you normally meet your deductible?
- Your use of maintenance prescription drugs. How much do you pay for prescription medications annually?
- Premium amounts

There are several online resources and tools that can help you make the best health care decisions for you and your family.

- Through myuhc.com, you can track your health care expenses, find doctors and pharmacies, and calculate prescription drug costs.
- With the Treatment Cost Estimator, also available on myuhc.com, you can budget for future medical treatments by estimating the cost of a procedure based on your health plan, costs in your area, and use of an in-network provider.
- At healthcarelane.com/cosa, you can take a trip down Health Care Lane, a virtual street that makes learning about health care and health insurance easier.
- With the Health Plan Cost Estimator, available at pcestim.com, you can estimate your 2013 health care costs in order to decide which plan would be best for you and your family—putting your health care decisions in your hands.

What is the Health Plan Cost Estimator?

The Health Plan Cost Estimator allows you to compare the cost differences between the City's four health care options. This easy-to-use tool considers your estimated out-of-pocket expenses to help you select the plan with the lowest overall costs to you. It provides detailed comparisons for premiums, plan costs, and more. You can even use this tool to compare the costs of the City's plan offerings with those of your spouse's/domestic partner's employer's plan.

A Flexible Spending Account contribution calculator is included in this tool, and it helps you determine how much you should contribute to a Flexible Spending Account. Based on the bi-weekly amount you decide to contribute, you will be able to see your estimated tax savings.

Use the Health Plan Cost Estimator in 4 Easy Steps:

1) Visit pcestim.com to log into the Health Plan Cost Estimator.

username: SanAntonio2013
password: benefits

2) Enter basic details about you and your dependents.

3) Indicate the health care usage for you and each of your dependents.

4) View your health care plan expenses and estimates.

Need help using the Health Plan Cost Estimator? Contact Human Resources Customer Service at (210) 207-8705 or your department's Human Resources Generalist or Specialist. There will also be presentations regarding the Health Plan Cost Estimator during the Open Enrollment Fairs.

Health Plan Cost Estimator Example (In-Network Benefits)

- Joe Cosa, Maintenance Worker, Hired Before January 1, 2009
- Employee + Family Coverage
- Gross Medical Expenses of 10 Primary Care Physician Visits* Per Year with a Generic Antibiotic Prescribed at Each Visit

Plans	Consumer Choice	Value	Standard	Premier
Annual Premium	\$552	\$1,104	\$2,796	\$8,652
Deductible	\$800*	-	-	-
Out-of-Pocket Maximum	-	-	-	-
Office Visit Co-pay	-	\$250 (\$25 x 10 visits)	\$250 (\$25 x 10 visits)	\$250 (\$25 x 10 visits)
Pharmacy Co-pay	-	\$70 (\$7 x 10 Rx)	\$70 (\$7 x 10 Rx)	\$70 (\$7 x 10 Rx)
City-Funded Health Savings Account	(\$1,000)	-	-	-
Total Employee Cost	\$352	\$1,424	\$3,116	\$8,972

Most Cost Effective Plan: Consumer Choice

* Primary Care Physician Visits are estimated at \$50 per visit (\$50 x 10 = \$500) and generic antibiotics at retail are estimated at \$30 per prescription (\$30 x 10 = \$300).

Tobacco Cessation

As part of the City's efforts to support the overall health and wellness of employees, individuals who use tobacco will be assessed a \$40 monthly fee in 2013. Remember to self-report your tobacco use status while you are logged into the Employee Self Service system's open enrollment portal. Non-tobacco users can avoid the \$40 monthly fee by remaining tobacco-free.

TOBACCO USE AND TOBACCO PRODUCTS

The City defines a tobacco user as someone who has used tobacco products anytime within the 60 days prior to self-reporting their tobacco use status. If you report that you are not a tobacco user, then you must not have used a tobacco product anytime within the 60 days before you reported your tobacco use status. So, for example, if you used a tobacco product three (3) weeks before you reported your tobacco use status on October 15, the first day of open enrollment, you would be deemed a tobacco user, and the \$40 monthly fee would apply to you.

Tobacco products include but are not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), clove cigarettes or any other smoking devices that use tobacco such as hookahs. E-cigarettes which contain nicotine are also included in the definition of a tobacco product.

I Quit, So What is Next?

If you are a tobacco user at the time you self-report your tobacco status, you will pay the \$40 monthly fee. However, during the year, you have the opportunity to have the monthly fee stopped by completing a tobacco cessation program, including the Quit for Life Program and the City's tobacco cessation classes. Once you have successfully completed a tobacco cessation program and been tobacco-free for 60 consecutive days, fill-out a new Tobacco Declaration Form that indicates that you are no longer a tobacco user and submit it along with a certificate of completion from the tobacco cessation program to the City's Employee Benefits Office. After you have submitted your new Tobacco Declaration Form and certificate of completion, it will take up to two (2) pay periods to process the change. In addition, you will not be refunded for any amount you have paid in monthly fees prior to the new Tobacco Declaration Form being processed.

City's Tobacco Cessation Program

Recognizing that quitting tobacco is hard, the City is committed to supporting those employees and their spouses/domestic partners who would like to make tobacco use a thing of the past. Listed below are the tobacco cessation programs available to you through the City.

- Quit for Life Program (Quitline) – Call 1-866-784-8454 to enroll in the Quit for Life Program to receive personalized telephonic coaching, quitting aids, a quit guide, and access to a variety of online resources.
- Tobacco Cessation Classes – Through the City's Employee Assistance Program, administered by Deer Oaks, employees and their spouses/domestic partners can attend FREE group tobacco cessation classes. Classes are held from noon to 1 p.m. once a week, and they last for four (4) weeks. Contact the Employee Wellness Program at 207-WELL (9355) or wellness@sanantonio.gov to find out when the new classes begin.
- Tobacco Cessation Prescription Medications – The City's prescription drug plan has been extended to cover several popular tobacco cessation prescription medications. These medications include, Buprobán, which is a Tier 1 prescription medication, and Chantix, Nicotrol, and Zyban, which are Tier 3 prescription medications.

Notes

Employee Wellness

In 2013, the Employee Wellness Program will continue to focus on physical activity, tobacco cessation, and helping you improve your overall health. To assist employees with making the healthy choice the easy choice, two new programs, Virgin HealthMiles and an Outcome-Based Rewards Program will be offered. Details about these two new programs and other Employee Wellness Programs are provided below.

New! Virgin HealthMiles Program

With the new Virgin HealthMiles Program, full-time civilian employees can earn contributions, up to \$500, to their FSA/HSA in 2013 by remaining active throughout the year. Contributions are based on five (5) reward levels. New members start at Level 1. The more activities you complete and physical activity you incorporate into your daily routine, the more HealthMiles you earn. Physical activity is tracked through a pedometer and online account. You have one year to reach Level 5 to earn the full \$500 contribution. Contributions are automatically added to your FSA/HSA once a new level is reached.

Level	HealthMiles (Points)	Reward
Level 1	Up to 5,999	None
Level 2	6,000 to 11,999	\$25 HSA/FSA
Level 3	12,000 to 23,999	\$75 HSA/FSA
Level 4	24,000 to 35,999	\$125 HSA/FSA
Level 5	> 36,000	\$275 HSA/FSA
Total Contribution Once Level 5 Has Been Reached		\$500 HSA/FSA

Eligible activities include: tracking daily activity, participating in health challenges, attending and participating in Employee Wellness Program events, and by demonstrating improved overall health.

New! Outcome-Based Rewards Program

Full-time civilian employees and their spouses/domestic partners who are on the City's health plan have the opportunity to participate in the 2013 Outcome-Based Rewards Program. This program replaces the Wellness Rewards Program, which expired in September 2012. By completing a series of healthy actions and earning the required 250 points throughout 2013, you and your spouse/domestic partner will receive a one-time contribution of \$100 each to your HSA/FSA in 2014.

Eligible healthy actions or outcomes to earn your 250 points include: achieving a target Total Cholesterol, Blood Pressure, BMI, and Glucose; obtaining a preventive screening, such as a mammogram, cervical cancer screening, or prostate cancer screening; completing a telephonic or on-site coaching program; and getting a biometric screening. FREE biometric screenings will be offered at various worksites around the city in 2013.

In addition to completing the healthy actions and achieving the target health goals, you and your spouse/domestic partner can complete a Health Risk Assessment on myuhc.com

to earn an additional \$100 contribution each to your HSA/FSA in January 2013. For your convenience, you and your spouse/domestic partner can complete the Health Risk Assessment at any of the 2013 Open Enrollment Fairs to receive the \$100 contribution.

Employee Assistance Program

Deer Oaks is the City's Employee Assistance Program provider. The City offers you and members of your household up to six (6) counseling sessions per issue (unlimited issues), per year. There is no cost to use these benefits.

The Employee Assistance Program provides counseling services for work, personal, marriage and family issues, one (1) free consultation with an attorney per year, and financial and management counseling. All services provided by the Employee Assistance Program are confidential and HIPAA-compliant. Contact the Employee Assistance Program at 615-8880 or visit deeroaks.com (username and password: cosa).

Employee Health + Wellness Center

The City's dedicated Health + Wellness Center, located at 1303 McCullough Ave., Ste. 170, is available to all employees and their dependents for convenient and comprehensive medical and preventive care. Operated by Gonzaba Medical Group, it offers any medical service that can be accessed at a primary care provider. If you are on the City's civilian health plan, you pay 50% of the usual physician co-pay at the center. Walk-ins or appointments are accepted. For more information, call the Employee Health + Wellness Center at 921-COSA (2672).

Lunch & Learn Program

In 2013, Lunch & Learn sessions will be held at various worksites around the city. These sessions are intended to provide you with useful information you can use to improve your overall health and well-being.

On-site Wellness Coaches

The City's On-site Wellness Coaches provide one-on-one coaching services to employees on a variety of topics including nutrition, physical activity, weight management, and reduction of risk for chronic disease.

Call the Employee Wellness Program at 207-WELL (9355) or email cosa.healthcoaches@uhc.com to schedule an appointment.

Weight Watchers at Work

Through the City's Weight Watchers at Work Program, you have the opportunity to be reimbursed, subject to payroll taxes, for up to 50% of the cost of participating in a Weight Watchers at Work group. Reimbursement is based on completing 80% of the Weight Watchers at Work Program. If you are interested in joining an existing group or would like to start a group at your worksite, contact the Employee Wellness Program at 207-WELL (9355) or wellness@sanantonio.gov.

Life Insurance

Life Insurance

One of the most important things about life insurance is the financial peace of mind it gives your loved ones. The City provides all full-time employees with Basic Life and Accidental Death & Dismemberment Insurance through Dearborn National Life Insurance Company. Additionally, you also have the ability to purchase voluntary life insurance for yourself and your dependents.

- Basic Term Life Insurance and Accidental Death and/or Dismemberment Insurance in the amount of one (1) time your annual salary, for each, are provided to all full-time civilian employees. This insurance is provided at no cost to you.
- You also have the option of purchasing voluntary Supplemental Life Insurance of up to five (5) times your annual base salary (not to exceed \$900,000). The cost of coverage is based on your age and amount of coverage you are selecting. Benefits are reduced at age 70. Visit sanantonio.gov/hr/employee_information/benefits/forms.asp to see the plan certificate of coverage. New employees may enroll in up to two (2) times their annual salary or \$200,000 in Supplemental Life Insurance without answering any medical questions during their first 31 days of hire. Enrollment after that time may be requested during the annual Open Enrollment period upon successful completion and approval of an Evidence of Insurability Questionnaire. Coverage requested after the first 31 days of employment or in excess of two (2) times your annual salary cannot be guaranteed.
- Dependent Life Insurance is available to you at a bi-weekly premium cost of \$2 regardless of the number of covered dependents. The plan will pay \$25,000 for a spouse/domestic partner and/or \$10,000 for each dependent child through age 20 (or age 25 if a full-time student), in the event of death.



Note: Life insurance benefits for you and your dependents expire upon separation from the City.

Disability

Short-Term Disability

The City offers, at no cost to eligible full-time employees, a disability program with extended sick leave benefits for non-job-related illnesses or injuries. This program provides employees with a percentage of their salary based on years of service for a maximum of 26 weeks if unable to work as a result of a non-work related disability.

Long-Term Disability

The City provides, at no cost to eligible full-time employees, a long-term disability program for those who are unable to work as a result of a non-work related disability. Total benefits are calculated at 40% of salary, minus offsets (i.e. Social Security, other coverage, etc.). Benefits may begin after 26 weeks of short-term disability benefits. To supplement your long-term disability coverage, the City offers you the option to purchase additional long-term disability coverage.

If you purchase additional voluntary coverage, you will be eligible to receive an additional 20% of your salary in long-term disability protection. Total benefits with the purchase of additional long-term disability are calculated at 60% of salary minus offsets (i.e. Social Security, other coverage, etc.). If you are on short-term or long-term disability at the time you enroll in additional long-term disability coverage, the additional 20% coverage will be delayed until you return to active duty.

Eligibility / Dependent Eligibility

All full-time civilian employees and their eligible dependents have the ability to participate in the Civilian Benefits Program. Part-time and temporary (seasonal) employees are not eligible to enroll.

Employees with alternate health care coverage have the option of waiving the City's health care coverage during Open Enrollment. If this is the case, employees will be asked to provide information about their alternate health care coverage.

Eligible Dependents

You may elect health care coverage for you and your eligible dependents during the annual Open Enrollment period. See the chart below for the types of documentation required to add a dependent. Validation information is subject to change. Please contact Human Resources Customer Service at 207-8705 for more information.

Adding a Dependent - Required Information		Making Changes During the Year
Type of Eligible Dependent	The following is a list of information required by the City to add a dependent. Additional information may be requested to complete your enrollment.	Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2013. The Internal Revenue Service (IRS) requires that your benefit elections remain in effect for the entire calendar year, unless you experience a Qualifying Life Event.
Spouse	<p>The City requires:</p> <ul style="list-style-type: none"> • Copy of marriage license OR Declaration of Informal Marriage, AND • Social Security number, AND • Date of Birth 	<p>Qualifying Life Events may include:</p> <ul style="list-style-type: none"> • Marriage • Establishment of a Domestic Partnership • Divorce, Legal Separation, Annulment, Dissolution of a Domestic Partnership • Birth or Adoption of an Eligible Child • Change in your or your spouse's/domestic partner's work status (full-time or part-time) that affects benefits eligibility • Change in your child's eligibility for benefits • Qualified Medical Child Support Order • Death of a dependent
Domestic Partner (Same-gender or opposite gender)	<p>The City requires:</p> <ul style="list-style-type: none"> • An Affidavit of Domestic Partnership, AND • Social Security number, AND • Date of Birth <p>In addition, two (2) of the following supporting documents are also required:</p> <ul style="list-style-type: none"> • Joint lease or mortgage, OR • Joint bank account, OR • Joint credit card, OR • Jointly paid household expense (ex: utility bill) with both names, OR • Beneficiary of life insurance or will, OR • Power of attorney 	<p>You must notify the Employee Benefits Office within 31 calendar days of your Qualifying Life Event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 days and do not provide documentation, you must wait until the next Open Enrollment period to change your benefit elections.</p>
Dependent Child up to age 26 (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	<p>The City requires:</p> <ul style="list-style-type: none"> • Social Security number, AND • Date of birth <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> • Copy of birth certificate OR Verification of Birth Facts, OR • Copy of adoption agreement, OR • Copy of Qualified Medical Child Support Order, OR • Copy of court custody or guardianship documents 	

How to Enroll

It is time to enroll you and your family in your 2013 health care benefits. Open Enrollment begins October 15 and ends November 14, 2012; selections will be effective January 1, 2013. As always, the Human Resources Department is here to ensure you are aware of all of your options and that you have the necessary tools to make the best decisions for you and your family, thus putting your health care in your hands. We also encourage you to utilize the various online tools and resources, including the open enrollment video in the City's benefit information video library, referenced throughout Benefit Matters to help you make the most informed decisions. Elections may be changed ONLY during the annual Open Enrollment period or within 31 days of a Qualifying Life Event. A list of the most common Qualifying Life Events can be found on page 15.

Activate Your Benefits in 2013

During open enrollment, log into the Employee Self Service system to access the online enrollment portal at sanantonio.gov/easi to activate your 2013 health care benefits. While you are there, remember to:

- 1) update your contact information,
- 2) self-report your tobacco status,
- 3) review your personalized 2012 benefits summary,
- 4) select your health care plan or waive the City's coverage,
- 5) enroll in your Health Savings Account if you select Consumer Choice,
- 6) enroll in dental coverage with the City's new provider,
- 7) re-enroll in your Flexible Spending Account, and
- 8) review your dependents.

If this is your first time accessing the Employee Self Service portal, follow the on-screen instructions to create your default password and complete your enrollment. Remember to print a copy of your confirmation page for your records.

Open Enrollment Fairs - Earn \$100 for Your HSA/FSA

As in previous years, the Human Resources Department will host several Open Enrollment Fairs at the Alamodome located at 100 Montana St., 78203 to assist you with making your 2013 benefit decisions and enrolling yourself and your eligible dependents in the City's health plans. **With approval from your supervisor, up to two (2) hours of leave have been granted to all employees to attend an Open Enrollment Fair.**

During the Open Enrollment Fairs, you will have the opportunity to: 1) attend information sessions, 2) receive one-on-one assistance with enrolling in your 2013 benefits, 3) meet with the City's various benefit providers, and **4) complete a Health Risk Assessment and earn a \$100 contribution (you can earn \$200 if your spouse/domestic partner completes a Health Risk Assessment) to your HSA/FSA in January 2013.**

This year's Open Enrollment Fairs will be held at the Alamodome in meeting rooms K, L, N, O, and P, which are located on the stadium floor level. Free parking is available in Parking Lot A. Once you have parked, proceed to the Southwest Tunnel entrance along the ramp area and go down the tunnel walkway area which leads to the meeting rooms. Signs will guide you to the entrance.

Open Enrollment Fairs are held in addition to the department presentations conducted by Human Resources Generalists. For assistance during Open Enrollment, contact Human Resources Customer Service at 207-8705 or your department's Human Resources Generalist or Specialist. To find your department's Human Resources Generalist or Specialist visit sanantonio.gov/hr/employee_relations/generalist.asp.

2013 Open Enrollment Fair Calendar, Alamodome, 100 Montana St., 78203			
Monday	Tuesday	Wednesday	Thursday
October 15: 10 a.m. - 6 p.m.	October 16: 1 p.m. - 7 p.m.	October 17: 1 p.m. - 7 p.m.	October 18: 10 a.m. - 4 p.m.
October 22: 1 p.m. - 6 p.m.	October 23: 1 p.m. - 7 p.m.	October 24: 10 a.m. - 7 p.m.	October 25: 10 a.m. - 4 p.m.
October 29: 1 p.m. - 6 p.m.	October 30: 1 p.m. - 7 p.m.	October 31: 9 a.m. - 4 p.m.	

Glossary of Common Health Care Terms

Below are some commonly used health care terms we would like you to become familiar with. Understanding these terms will assist you with making the best health care decisions for you and your family.

Consumer Choice

Consumer-Driven Health Plan (CDHP) - A type of insurance plan in which you are responsible for most of the cost of your health care expenses until the plan's deductible and out-of-pocket maximum have been reached. This type of plan has lower premiums than the other three health plans but higher deductibles and out-of-pocket maximums.

Health Plan Features

Annual deductible - The amount you need to pay, not including co-pays, for covered health care services before the health plan pays most benefits. The annual deductible does not count toward your out-of-pocket maximum.

Co-insurance - The percentage you pay for health care services after you have met your annual deductible. Co-insurance amounts count toward your out-of-pocket maximum.

Co-pay - The flat fee you pay for certain services, like doctor's, specialist's, or urgent care office visits or prescription drugs. Co-pays do not count toward your out-of-pocket maximum.

Flexible Spending Account (FSA) - A tax-exempt account that can be used to help pay for certain out-of-pocket expenses. A **health care FSA** covers medical, dental, and vision expenses not covered by the health plans. A **day care or dependent care FSA** covers expenses related to the care of or services provided to children under the age of 13 or tax dependents who are mentally or physically incapable of caring for themselves.

Health Savings Account (HSA) - A tax-exempt savings and spending account that can be used to help pay for current and future qualified medical expenses. You can only have an HSA if you are enrolled in a CDHP like Consumer Choice.

Out-of-pocket maximum - The most you pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year, not including co-pays. All covered health care expenses count toward your out-of-pocket maximum, except for co-pays, premiums, and deductibles.

Prescription Drugs

Tier 1 (Generic) drugs - Medications that generally cost the least. They usually include the generic equivalents of brand name drugs.

Tier 2 (Preferred brand formulary) drugs - Medications that are typically your midrange-cost option. Consider a Tier 2 drug if no Tier 1 medication is appropriate to treat your condition.

Tier 3 (Non-preferred brand) drugs - Medications that often include brand name drugs without generic versions or brand name drugs that are new to the market.

Tier 4 (Specialty) drugs - Medications that require special handling, administration, or monitoring. These drugs are often used to treat chronic illnesses, such as cancer, hemophilia, multiple sclerosis, and Crohn's disease.

Provider Networks

In-network - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates. These providers must pass a rigorous review of their personal history, disciplinary actions, licenses and certifications, and relevant training and experience.

Out-of-network - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

Types of Office Visits

Primary Care - A visit to a physician, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, or helps you access a range of health care services.

Specialist - A visit to a physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care - A visit to an urgent care facility to receive treatment for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require a trip to the emergency room.

Notes

Health Benefit Notices

Following are summaries of the health benefit notices. Visit the Employee Benefits website at sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp for the complete information on each of the notices referenced below.

COBRA Provisions

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical, vision, and dental coverage at their own cost in the case of certain qualifying events.

Employees or qualified beneficiaries are required to notify the Employee Benefits Office within 60 days of a divorce, legal separation, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City will notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

Health Care Reform: Pharmacy Benefit Contraception Coverage

As required by the Patient Protection and Affordable Care Act, or “health care reform law,” effective for the City on January 1, 2013, coverage of FDA-approved contraceptive methods for female employees and dependents enrolled in the City’s plan will be covered at 100%, when the prescription is filled at an in-network pharmacy. For a complete list of the contraceptives available at \$0 cost, visit myuhc.com.

Note Consumer Choice Participants: The same \$0 cost option contraceptive medications are available for those enrolled in the new Consumer Choice health plan. However, if you fill a prescription for a contraceptive medication that is not on the list of \$0 cost contraceptives, you will need to pay the full cost of the medication.

HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit hhs.gov/ocr/privacy.

Summary Plan Documents/Plan Documents

This guide is intended to provide summary information about the benefit plans offered to the civilian employees of the City of San Antonio. Complete plan details are included in the Summary Plan Documents available from the Human Resources Department. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern. Visit sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp to view the Summary Plan Documents.

ANY BENEFITS AND CONTRIBUTIONS UNDER THE CITY OF SAN ANTONIO’S INSURANCE OR SELF-FUNDED PROGRAMS ARE SUBJECT TO CHANGE AS DETERMINED BY THE CITY COUNCIL IN ANY BUDGET YEAR, OR BY ORDINANCE OR AMENDMENT.

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED TO AMEND THE CITY EMPLOYEE HEALTH BENEFITS PLAN AND SET PREMIUMS FOR EMPLOYEE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE 2012-09-13-0696).

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) explains health plan continuation rights of employees who are called to serve active duty in the U.S. Armed Forces for more than 30 days.

